

ABSTRACT

SOCIAL WORK

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A STUDY OF HYPNOTHERAPY AS AN EFFECTIVE, WHOLISTIC,
AND ALTERNATIVE TREATMENT MODALITY FOR DIVERSE
INDIVIDUALS, TRACING FROM AN ANCIENT EPOCH

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The purpose of this research explored the biases and perspectives of hypnotherapy. The study investigated student's perspectives of hypnotherapy from different schools (departments) on the campus of Clark Atlanta University (CAU). The planned methodology included quantitative inquiry on individual surveyors from Clark Atlanta University (CAU) comprising students, professors and/or administrators. Upon completion, the study results indicated that there was no statistical significance amongst the variables tested.

This research will be useful to diverse groups and/or professionals universally—those who study and utilize psychotherapy, e.g. social workers, physicians, medical doctors, psychologist, neurologist, hypnotist, theorists, researchers, clinicians, and/or counselors. Furthermore, this research will serve as a benefit, and as practical instruction for individuals seeking a better understanding of hypnotherapy and its efficacy as a wholistic psychotherapy treatment practice.

A STUDY OF HYPNOTHERAPY AS AN EFFECTIVE, WHOLISTIC
AND ALTERNATIVE TREATMENT MODALITY FOR DIVERSE
INDIVIDUALS, TRACING FROM AN ANCIENT EPOCH

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BY

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CHAPTER I

INTRODUCTION

Current economic catastrophes and its effects on individuals across the globe serve as the etiology of individual illness in this study. This research aims to explore how hypnotherapy is perceived by students, professors and administrative from different schools (departments): Arts and Sciences, School of Social Work, School of Business and Education at Clark Atlanta University (CAU). The research tests participant's awareness based on area of study; it tests participating departments' bias of hypnotherapy serving as a unique practice for psychotherapy treatment. The study additionally, emphasizes and explores the practicality and permanence of hypnotherapy as an effective treatment method in aid of individuals with physical, mental and/or spiritual issues, globally.

Being that phenomena such as war, poverty and economic disparity are known to contribute to the health and mental health matters of people world-wide, this realization alone positions the opportunity of this study which investigates what worked before, what should be used and/or continued to used, in the care/treatment of individuals vulnerable to such causes. The subversive of this study is therapeutically concerted, thus more specifically, inclining towards the psychotherapy treatment of individuals. In brief synopsis, the significance of this study serves to bring awareness to an effective and eccentric treatment tool suggested for healing of individuals multi-culturally.

Statement of the Problem

Hypnotherapy has been, early as the Middle Ages, and since the eighteenth and nineteenth centuries, a topic of controversy amongst early and modern day scholars and everyday people. However, being an evidence-based intervention tool to help individuals relax and deviate from pain it is necessary to continue in the expansion of effective and positive literature and research on the behalf of hypnotherapy as it interconnects as a healing process and/or intervention in psychotherapy.

Nonetheless, the issue with the subject of hypnotherapy along side of its historical biases is the lack of awareness amongst various scholars and individuals (e.g. students, professors, administrators, practitioners) on the subject matter of hypnotherapy in general. Such lack of awareness grandly takes away from the creativity and efficacy of which hypnotherapy offers as a successful psychotherapy instrument.

Purpose of the Study

This study suggest hypnotherapy to be an effective alternative tool in the treatment and/or healing process of individuals with different cultural, ethnic and religious backgrounds and issues. The direction of this study brings awareness to hypnotherapy as being an effective, wholistic and natural treatment method in psychotherapy for individuals universally. In addition, this research test students, professors and/or administrator's attitudes and general perception on hypnotherapy in order to provide aquaintable measures for the future of hypnotherapy research and literature in support to promote wholistic health intervention to the general public world-wide.

Research Questions

The research questions of the study are:

1. Are the School of Social Work students, professors and administrative more aware of hypnotherapy as an intervention than participants in the School of Arts and Sciences?
2. Are participants from the Schools of Business and Education more biased of hypnotherapy serving as an alternative for psychotherapy than participants from the schools of Social Work and Arts and Sciences?

Hypotheses

The hypotheses in this study are:

1. Participants in the School of Social Work are more aware of hypnotherapy as an intervention than participants in the Schools of Arts and Sciences.
2. Participants from the Schools of Business and Education are more biased of hypnotherapy serving as an alternative for psychotherapy than participants from the Schools of Social Work and Arts and Sciences.

Significance of the Study

As many around the globe are being continuously affected by various economic phenomena, it is paramount through awareness, effective research and advocacy to tend to the psychotherapy needs of individuals vulnerable to causes such as poverty, unemployment, disparity and many more. However, being that calamity is diverse

amongst individuals seeking and/or in need of therapy, it is vital for practitioners to work at the best interest of treating clients; thus using effective approaches which will in terms support the individual as a whole. Therefore, as the connotation of this study, it is paramount to continue in the fashioning of hypnotherapy to be recognized and valued as an effective approach in psychotherapy amongst diverse groups: practitioners, professionals, scholars and individuals responsible for the well-being of those in need.

More substantial, is the press of this study, which sheds light to hypnotherapy as being an early competitive and effective psychotherapy approach. It was used during ancient centuries as evidence through the use of hypnosis rituals during pre-historic times which consist of one of the first visual accounts of hieroglyphics decorating tombs dated at 3000 BC, thus showing ancient Egyptians using hypnosis in the Egyptian sleep temples (Dillion, 2012, p.1). This study is also momentous, being that it serves to illuminate the field of hypnotherapy to other fields which employs the use of psychotherapy methodology such as explored in this study, more profound, hypnotherapy in correlation to social work. The significance also serves to promote providing the best and diverse treatment solutions to clients and/or individuals in need through exploration of a creative and alternative approach which provides substantial interference and psychotherapy to diverse people with diverse issues world-wide.

More renown, being that the human body itself is known to be one of the most phenomenal inventions of humankind, and in great respect to the ancient saying that: "the mind-and-body goes hand-and-hand" towards individual well-being, my interest in hypnotherapy aspires from my passion to explore a creative, effective, wholistic, and naturalistic approach to treat diverse illnesses such as sexual disorders, phobias, diverse

addictions, and many other etiologies which can affect the life of individuals; be it the cause of everyday life and/or genetic. Auxiliary, as an aspiring author of poetry and non-fiction, most of my themes are based on the mental, physical and/or spiritual dilemmas of life, the effects of such variables, and ultimately, the application to offer solutions and/or ways to effectively and naturally cope with such quandaries.

Therefore, in this study I have chosen hypnotherapy as the adept natural and/or holistic treatment method to explore and suggest as an effective healing apparatus biologically, psychologically, socially and spiritually. Hypnotherapy is one of countless operational psychotherapies that can be taught to self-consume, and or can be applied by diverse licensed professionals whether a hypnotherapist, clinical social worker, and or trained professionals (physicians, surgeons, therapist, and many more) in order to effectively help relieve and treat individuals. With these options, in addition, hypnotherapy can be a cost effective treatment method, based on how orders and procedures are given/promoted by practitioners and based on the needs and recommendations of the client and/or the individual in need of hypnotherapy services.

CHAPTER II

REVIEW OF LITERATURE

This session of the study presents scholarly and supportive literature supporting the hypotheses in this study which investigates perspectives and biases about hypnotherapy. This session too, positions to the overall notion of hypnotherapy and its intercorrelatedness into the province of treatment and healing towards the well-being of individuals in need of effective treatment and psychotherapy globally; thus supporting the efficacy of hypnotherapy as an intervention especially when practiced in the field of social work.

Historical Perspective of Hypnotherapy

According to Kirsch (2000), "Hypnosis has been applied to the promotion of well-being and creativity" (p.6). It is also one of the oldest mind-body approaches in which many ancient groups/cultures used as healing practices toward states of altered awareness.

In retrospect to controversy on hypnotic induction, scholars stated:

A person's ability to experience hypnotic suggestions can be inhibited by fears and concerns arising from some common misconceptions. Contrary to some depictions of hypnosis in books, movies, or on television, people who have been hypnotized do not lose control over their behavior. They typically remain aware

of who they are, and unless amnesia has been specifically suggested, they usually remember what transpired during hypnosis (Kirsch, 2000, p. 7).

More paramount the contexts to the importance of a comprehensive biopsychosocial perspective when examining the interrelationships between the mind and body (Lynne & Green, 2000).

Hornyak and Green's (2000) work speaks to how hypnosis is administered in the fields of science, especially as it intercorrelates as a tool used as an integrative approach to women's health. The authors profoundly reference to clinical trials and/or cases which were contributions to the session in their context titled: Contributions of hypnosis to an integrative approach to women's health.

In their section titled: "Hypnosis in Perspective", scholars discussed hypnosis and its contribution to well-being since ancient the Egyptian and Roman era (Gravitz, 2000). Referring back to hypnosis as being a widely used instrument in the health field, scholars mentioned that hypnosis became an area of legitimate scientific inquiry during the course of scientific curiosity in altered states of consciousness even emerging after ancient times in the 1960s and 1970s (Hornyak & Green, 2000).

Scholars work supports hypnotherapy as being an effective treatment for various gynecologic issues such as those including not only in the treatment of breast cancer and/or cancer, but also dysmenorrheal, chronic gynecologic pain, and premenstrual syndrome (PMS). Scholars stated that hypnosis serves as treatment for somatic disorders such as eating disorders, body image concerns, infertility and even anxiety disorders facing women. (Hornyak & Green, 2000).

Their study refers to how hypnotherapy is perceived biopsychosocially and

psychologically especially in the psychosomatic and bodily management of preparing women for childbirth. Scholars referenced to the solution-focused problem solving as being a therapy method used along with the technique of hypnosis because it involves suggestions to provide hope for patients, especially cancer coping patients (Hornyak & Green, 2000).

Hypnotherapy: Random Perceptions

In spite of debate, hypnotherapy as an operational psychotherapy instrument remains amongst many: practitioners, researchers, scholars, and individuals in general. Similar to one's negative or positive prescriptions to receiving therapy in general, ones' opposing or consenting view to the reception of hypnotherapy stands equal. Irrespective, whether one's intake to hypnotherapy is optimistic or pessimistic, when undergoing any type of therapy, it is considered best-practice for us, as social workers and/or practitioners, to note that one's choice and/or recommendation of treatment is forthright an individual resolution in retrospect to therapy purposes. More so, being that individuals seek and undergo therapy for diverse purposes, it is additionally ethically considered to be best-practice for professional therapists to have the skill to suggest, incorporate, and apply unique and effective interventions and psychotherapies as the practical expert.

Unfortunately, lack of knowledge-base is one blunder which has contributed to misconceptions of hypnotherapy being perceived as hocus-pocus and/or witch craft, or more bluntly, a foreign, maladaptive, or even an ineffective or an unconventional psychotherapy procedure. Even with controversies and perspectives of hypnotherapy, in

great support to its practicality, theorist such as Sigmund Freud (1856—1939), Abraham Harold Maslow (1908—1970), The Nancy School (1823—1904), Paracelsus (1490—1541) and many more, through evidence-based practice, has paved way for hypnotherapy through evidence-base experimentations, to be an effective psychotherapy tool (Butcher and Mineka, 2010).

Bringing closure to the magniloquence of hypnotherapy and its efficacy, hypnotherapy is presently known as a means to help treat and/or cure symptomatic and/or somatic cases such as: depression, anxiety, phobias, deeper psychological issues, and many more related illnesses presently known and/or uncommon. According to Hornyak and Green (2000), “Hypnotic interventions are used to address anxiety related to medical procedures, stress, fears, or conflicts about childbirth and negative perceptions and beliefs” (p. 6). Hornyak and Green (2000) classified hypnotherapy as being a tool when thought of, apparent to be used to emotionally relieve individuals from any pain whether caused mentally, genetically, physically and or spiritually.

Yapko’s (1992) topics of discussion consist of: defining hypnosis, utilizing trance in treatment, the goals of treatment, and the stages and expectancy of hypnotic treatment for “classical hypnosis phenomena” such as age regression (including hypermnesia and revivification), amnesia, catalepsy, dissociation, hallucinations (positive and negative), ideodynamic responses, sensory alteration, and time distortion. He presents countless of qualitative clinical cases using “types of directives” and “hypnotic strategies, in which he mentions “speaks to the range of hypnotic techniques” especially as it corresponds to hypnotherapy being an effective treatment tool for depression (Yapko, 1992, p. 91-92, 144).

However, more profound in his work on hypnosis and its ability to function as a treatment tool for depression is her approach to the integration of hypnotherapy into therapy as an effective therapy tool. Yapko (1992) mentioned that in most psychotherapy models, hypnotic patterns are evident within them.

Yapko (1992) discuss cultural norms and perspectives as it coincides to the clinical field of biology and the aspect of psychological social norms. Yapko (1992) discuss misconceptions about the use of hypnosis when treating depression which he mentions that misapprehension about hypnosis is invasive both in the mental health profession and among the general public.

Some of the topics of misapprehension that Yapko (1992) explores are: "Hypnosis Is a Therapy", which according to Yapko (1992), "hypnosis is not a therapy; it is a therapeutic tool...which is "why hypnosis is so compatible with virtually any approach to therapy" (Yapko, 1992, p.49). Another topic of misconception in which Yapko (1992) investigate is Loss of Control is Involved in Hypnosis. According to Yapko (1992), "One of the most significant therapeutic aspects of hypnosis is its ability to increase the client's sense of control (p.49). Yapko continues and states that:

The image of hypnosis as some sort of mechanism for losing control is propagated most obviously by the media (movies, television shows) and entertainers (stage hypnotists). More subtle, but just as likely to perpetuate misguided ideas about hypnosis, are those clinicians who employ hypnosis from an exclusively authoritarian position in which suggestions are imposed on the client (p. 49).

In conclusion, Yapko (1992) supports the fact that lack of awareness and

misguidance certainly cause misconceptions in the implications of hypnotherapy. He allows gives insight to the diversity of hypnotherapy when applied to other modality in the treatment and healing process.

Perspectives: Social Work and other Fields Involving Hypnotherapy

Dorlee (2009) captures and express diversity and perspective within the social work career as it pertains to hypnosis as an effective intervention and as a tool associated in the treatment of psychotherapy. She discusses her experience as what she calls, a humanistic coach, which includes her being not only an M.S.W, but also a trained psychologist and hypnotist. She also shares an interview in which she conducted with Ari Hahn, in which Hahn discuss how social is interwoven into psychology and many other helping fields.

Lastly, Dorlee (2009) empowers future social workers to research different specialties in social work or therapy especially being that a career as a social worker is lucrative.

Tunneling to modern day hypnosis and its implementation into other fields such as business, sports, medicine, and creative arts, little research was found in support. However, websites such as George Bein International at GeorgeBein.com and other professional websites from practicing hypnotherapist are common research tools which expounds on the institution and/or integration of hypnotherapy into other fields. Bein's website explores how hypnotherapy is utilized in business, sports, medicine and performing arts (anonymous, 2012, p.1).

Wood (2012) discuss her experience as a professional hypnotist. Wood (2012)

states, "The term blended being is the modality she uses in treatment. Her perspective implements the components of hypnotherapy which involves accessibility of mind, body, and Spirit at all times" (p.1). Wood (2012) states, "the ability to access information when it is needed on all levels of ones being. The feeling of being whole and complete" (p.1). Wood states that mainly psychotherapy and intuitive coaching or hypnosis sessions "are geared toward short term solution focused therapy to help with life issues and blocks encountered in a person's life using intuitive insight" (Wood, 2012, p.1).

Lastly, Wood briefly discusses the impact of misinformation about hypnosis. She expresses that misinformation keeps people from being able to access powerful healing tools.

In their work, Lankton and Zeig (1995), explore Ericksonian therapy and its intercorrelatedness to hypnosis along with personal perspectives from individual contributors and their cases of administering hypnosis

In his study, Quiroga (1995) presents two cases where he, the hypnotist in the cases, was requested by a psychiatrist for case one, to hypnotize one of his patients who were suffering from depression and was extremely hysterical, and in case two, an otolaryngologist requested of hypnotist Quiroga, information about the possibility of using hypnosis to stop or reduce bleeding during surgery, in particular tonsil and nose surgery in which he performed almost daily, Quiroga's (1995) tool utilized was hypnosis. According to Quiroga (1995) empathize that hypnosis is not repetition, and it involves getting one to respond to suggestion/idea given to him/her, especially if not responsive. Quiroga further states in his study that the therapist and/or the practitioner administering hypnosis, has to respond to the patient and then start building the intervention, thus

tailoring it to fit the patient (Quiroga, 1995).

In case two of Quiroga's (1995) study, several suggestion were given to surgeons referencing how to get patience to respond even when under gas anesthesia, which surgeons stated that their patient could not reply when given gas anesthesia. Quiroga (1995) stated for practicality he used professional literature on clinical applications of hypnosis referencing bleeding control. In particular, in this case Quiroga (1995) uses the works of Banks (1995) and Cheek (1960). Banks' (1995) work according to Quiroga (1995) regarded the control of bleeding in the angiography suite, in which the patient was addressed as if he were obviously in trance. Proceeding, Cheek's (1960) studies regarded hearing in unconsciousness and established rapport with the surgeon and/or the anesthetist in the client and practitioner setting (Quiroga, 1995).

Continuing his clinical erudition on the surgeons request and concerns as they relate to maladaptiveness in otolaryngology surgery, Quiroga (1995) explained and described instruction to how surgeons will continue hypnotic procedure with his/her patience outside of the surgical realm, thus using a more hypnotic approach.

Ironically, Quiroga (1995) positions that many of the surgeons opposed to the efficacy of hypnotic procedure during his lecture. Yet, the surgeon who proposed the question hesitantly tried it on a nine-year old. As a result, the method has been repeated with the addition of suggestions of comfort, minimal pain, and good recovery after awakening from anesthesia. Quiroga's findings presented that more than 450 surgical procedures with patients of all ages and both sexes ended with positive results and postoperative recovery has been fast, with few complaints of pain and few requests for analgesics (Quiroga, 1995).

In brief synopsis Quiroga's (1995) study concludes, regardless of deep-seated beliefs that if a person is unconscious the mind is not functioning, it is imperative to reevaluate the concept of unconsciousness where through use of effective intervention tool individuals are still capable of receiving suggestions towards responsiveness towards healing (Quiroga, 1995).

Overall, in juxtaposition to Quiroga experience, Lankton and Zeig (1995) framed their studies around the Eriksonian strategic or naturalistic therapy and how it is applicable in the maintenance of client/patient well-being. Lankton and Zeig (1995) discussed the barriers and some criticism as it relates to the subject matter—Eriksonian strategic from a psychotherapeutic viewpoint. Authors stated there is little support for strategic interventions which consists of hypnosis and strategic assignments, that may be seen by the uninitiated as strange or unconventional and disruptive (Lankton & Zeig, 1995).

Lastly, in coincidence to their study one of their main goals is to support cost effectiveness in therapy, authors stated that they want "HMOs and related managed care settings to provide fertile ground for the application of the Eriksonian perspective" which involves hypnosis (Lankton & Zeig, 1995, p. 34). They go on to say that:

Psychological practice in the 1900s is, and will continue to be, increasingly influenced by financial forces. Consistent with the principles of therapy in managed care settings and especially compatible with the HMO ideal of health maintenance are parsimonious treatments that strategically amplify and utilize clients' healthful resources and responses. Assisting clients to achieve self-defined goals through the facilitation of present- and future – oriented actions and

experience increases the cooperative nature of treatment and, hence, the likelihood of therapeutic efficiency (Lankton & Zeig, 1995, p. 34).

Psychotherapy and Hypnotherapy

Depicting how masses of individuals from a social ecological stand has in the past, and continuing in the present are psychologically affected by global phenomena, especially by poverty manifested in their societies, it safe to say that such occurrences can lead to, and has led to additional discrepancy such as the downturn in the mental and physical health of people nationally. According to Murali and Oyeode (2004): "Poverty and social inequality have direct and indirect effects on the social, mental and physical well-being of an individual" (Murali & Femi, 2004, p. 240). Continuously, geared towards the current health mental health and poverty phenomena, they further states that: "Unemployment also approximately trebled the odds of phobia and functional psychosis. It more than doubled the odds of depressive episode generalized anxiety disorder and obsessive-compulsive disorder, and increased the odds of mixed anxiety and depressive disorder by more than two-thirds (Murali & Oyeode, 2004, p. 240).

Hypnotherapy is described in this study as being a wholisitc and naturalistic modality for over decades and trailing as far back as the eighteenth-century. Although being a common topic of controversy hypnotherapy continues to stand as a modern and historical tool in therapy which has been used in the treatment of diverse types of illnesses since Ancient Egyptians times.

According to Gravitz (2000):

The ancient Chinese, Egyptian, Hebrews, Indians, Persians, Greeks, Romans and others engaged in healing practices that used the medium of induced states of altered awareness (p.6).

This keen historical account of hypnotherapy alone reveals how the therapeutic methodology of hypnotherapy was diversely used overtime as a healing and/or treatment tool amid many cultures.

All be it, societal phenomena as aforesaid, greatly contributes to the mental and physical misfortune of vulnerable individuals. Therefore, I bring forth the necessity to place emphasis, from a social worker's perspective to the influencing variables: poverty, inequality, health disparity, and so forth, as being stimuli in the contribution to psychological quandaries of individuals world-wide; thus, pinpointed in this research is the solution, which I believe is the relevance to consider and/or apply an effective psychotherapy intervention tool which uniquely supports and best suite a diverse mass of individuals with varying issues.

In contribution to the framework of psychotherapy as it intercorrelates with hypnotherapy, Butcher and Mineka (2010) explore behaviorism, diagnostic and/or classification of behaviors (DSM-IV-TR), and some renowned approaches. Highlighted as influential theorist are: Sigmund Freud (1856—1939) and Franz Anton Mesmer (1734—1815) who explore the dynamics of psychopathology and/or psychoanalytic perspective. According to researchers, the two, Freud and Mesmer is recognized for their ancestral roots ground in psychoanalysis and to what scholars state, to a somewhat unexpected place—the study of hypnosis. Scholars speak to how Mesmer's method of inducing trance and its perceived potential for treating illness had long life in the United

States. Authors also speak in high recognition of the unconscious mind (Butcher & Mineka, 2010).

In addition, scholars refer to the initial on-call of hypnotherapy, which derived from a Swiss physician by the name of Paracelsus (1490—1541), “who postulated a conflict between the instinctual and spiritual nature of human beings, formulated the idea of psychic causes for mental illnesses, and advocated treatment by “bodily magnetism,” later called hypnosis” (Butcher & Mineka, 2010, p. 36).

From a historical content, the scholars speak to the early philosophical conceptions of consciousness which included: Later Greek and Roman thought, Early views of Mental Disorders in China, and Views of Abnormality during the Middle Ages. All included perspectives from renowned theorist such as the Greek philosopher Plato (429—347 B.C), Greek Philosopher Aristotle (384—322 B.C), Hippocrates (460-733 B.C), Alexander the Great (322 B.C), Galen (A.D. 130-200) called the “Hippocrates of China”, and Chung Ching (A.D. 200). The emphasis with such philosophers was the belief in “natural rather than supernatural” (Butcher & Mineka, 2010).

According to scholars,

Plato emphasized the importance of individual differences in intellectual and other abilities, and took into account sociocultural influences in shaping thinking and behavior. His ideas regarding treatment included a provision for “hospital” care for individuals who developed beliefs that ran counter to those of broader social order. There they would be engaged periodically in conversations comparable to psychotherapy to promote the health of their souls (Butcher & Mineka, 2010, p.32).

Lastly, in supplementary support to the wholistic view of mind-and bodily (somatic), scholars emphasized the importance of physical and mental balance. Scholars stated that: "...in the concept of Ying and Yang, the human body, like the cosmos, is divided into positive and negative forces that both complement and contradict each other..." "If the two forces are balanced, the result is physical and mental health; if they are not, illness result" (Butcher & Mineka, 2010, p.33).

Afrocentric Perspective

Schiele's (2000) textbook, *Human Services and the Afrocentric Paradigm*, largely positions to the notion of "holistic reasoning" and serves as guide to help individuals better comprehend the Afrocentric modality from a holistic, spiritual oneness and/or a connectedness viewpoint which interconnects to the modality of hypnosis and the biopsychosocial frame. Schiele (2000) discusses the prevalence of holism as spiritualization. According to Schiele: "spiritualization of human beings is the belief that at the core of the human is a spiritual essence that releases vast capabilities for interconnectedness" (Schiele, 2000, p. 86).

Schiele's work, inclusively models a holistic tone towards understanding and knowing from African and African American traditional assumptioning.

Schiele (2000) states that the three assumptions are:

- (1) "Knowledge that stands the test of time is worthy of continuation.
- (2) African ancients—especially those of the Nile Valley—are thought to have possessed supreme wisdom because their objective was to generate

knowledge that would enable people to tap into the complete, positive potentiality given to the by the Creator, and

- (3) Each idea or theory uniquely adds to a different understanding of the totality of the human experience” (p. 220).

In conclusion, Schiele’s (2000) tone in his rationale for totality and/or holism reflects that of the biopsychosocial methodology which is constructed on his examination of the interrelationships between mind and the body. His Afrocentric perspective incorporate ancient traditional history as it connects to oneness of mind body and spirit awareness.

Theoretical Frame Work

This study is framed upon both the humanistic and biopsychosocial perspectives. In her study on Humanism, McLeod (2007) defined humanism as “a psychological approach that emphasizes the study of the whole person...and the uniqueness of each individual” through “free-will” (p. 1).

McLeod (2007) makes reference to both theorist Rodgers (1959) and Maslow (1943). In comparison she noted that “both regarded personal growth and fulfillment in life as a basic human motive.” In further explanation of humanistic psychology, McLeod stated: “Humanistic psychology expanded its influence throughout the 1970s and the 1980s. Its impact can be understood in terms of three major areas:

- 1) It offered a new set of values for approaching an understanding of human nature and the human condition.
- 2) It offered an expanded horizon of methods of inquiry in the study of human

behavior.

3) It offered a broader range of more effective methods in the professional practice of psychotherapy (McLeod, 2007, p. 1).

In conclusion, in more recognition to humanism, McLeod (2007) believes that: “humanistic approach emphasizes the personal worth of the individual, the centrality of human values, and the creative, active nature of human beings. The approach is optimistic and focuses on noble human capacity to overcome hardship, pain and despair” (p.1). McLeod (2007) scientific methodology frame centered on the implementation of qualitative research in which her rationale was that “Qualitative research is useful for studies at the individual level, and to find out, in depth, the ways in which people think or feel (e.g. case studies)” (McLeod, 2007, p.1).

As human life on Earth carries on, pre-historic phenomena globally continue to sprout and expand, thus causing shifts in the well-being of people. When investigating such cause from a biopsychosocial viewpoint; whether being a phenomenon such as war outbreaks, recessions, and or violent natural disasters, it is imperative to consider how these universal phenomena have and can affect an individual’s spirituality, health, mental health and/or social life.

According to the contributors of the Natural Health and Wellness Glossary (2012), the biopsychosocial model is a complex model “concerned with illness, the subjective sense of suffering or reduced capacity to function.” The glossary describes its modality as being “a much more complex systems theory approach to health, illness and healing. It does not look for single, specific causes for illness, but sees health, illness and healing as resulting from the interacting effects of events of very different types,

including biological, psychological, and social factors” which are all “seen as systems that affect and interact with one another to affect personal health” (anonymous, 2012, p.1).

Authors of the PyschCenter (2012) describe each entity of the biopsychosocial model. Scholars believe that it is a model widely used in the mental health field. The first unit of the model is biology, which is described as biochemistry brain makeup, as well as inherited genes. The second is psychological, includes personality and how one was raised to deal with stress and their emotions. Lastly is social, which involves relationships with a significant other, friends, and co-workers and learned social interactions with others as we grow up through interactions (anonymous, 2012, p.1).

The venn-diaphragm exhibited in The Online Journal of Nursing (2012) categorizes domain interventions of the biopsychosocial model. The Biologic Intervention domain of the biopsychosocial model “focus on physical functioning and are directed toward the patient's self care, activities and exercise, sleep, nutrition, relaxation, hydration, thermoregulation and, finally, pain and medication management” (Zauszniewski, 2012, p.1). The article integrating hypnosis, indicated test results from studies mentioned under each domain. These studies each indicated that after conducting qualitative research on individuals under each unit, there was an increased amount of functional status improvement based upon the implementation of the model itself being administered as a best-practice and as an effective intervention (Zauszniewski, 2012, p.1).

Overall from a generalist perspective, in correspondence to theory, research and inference to adequate treatment in psychoanalysis, it is imperative to keep in mind how

intervention and theoretical frames cogitates the mixing of theoretic approaches in effort to practicing pragmatic psychotherapy; thus justifying the means to why I believe hypnotherapy in conjunction with psychotherapy theories and practices, together serve as a unique blend and remedy in psychotherapeutic treatment for a multitude of individuals in need and in search of valuable and applicable healing and/or treatment.

CHAPTER III

METHODOLOGY

Chapter III purports to the methodology and procedures on the study of hypnotherapy and its effectiveness in psychoanalysis. This chapter demonstrates the research design, description of site, sample and population, data collection, instrument, and limitation of the study.

Research Design

The descriptive and random research designs were employed in this study in order to gather simple facts about the population. Through random sampling the investigator recruited individual survey participants. An individual survey was given to targeted and available undergraduate, master, doctoral students, professors and/or administrators at Clark Atlanta University (CAU). The survey served to test participant's attitudes on how hypnotherapy is perceived, and whether or not hypnotherapy serves as an effective treatment modality in therapy, especially psychotherapy. The sample population consisted of undergraduate, master, doctoral students, professors and/or administrators affiliated with Clark Atlanta University (CAU).

First, the procedures for recruitment of participants included collaboration through telephone, face-to-face, and or via-email, with professors and administrators affiliated with Clark Atlanta University (CAU). Second, all advertising information

materials in notification of participation in this study was posted up in the halls, and on the bulletin boards of each study hall through the Departments of Social Work, Business, Education and Arts and Sciences. After confirmation to conduct individual surveys in the expected pre or post classroom setting, investigations started.

Proceeding the administering of all surveys, I gave a brief presentation on my position as researcher, and the purpose for the Whitney M. Young, Jr., School of Social Work study. All participants filled out an informed consent form prior to participating in this study. Participants were notified that there are no minimal harms and or risks to partaking in this study. Participant benefits included eligibility to participate in a drawing to win one of ten Starbucks gift cards valuing a total amount of \$100.00. Starbucks gift card drawing was performed after survey(s) had been completed and collected.

Participants received a brochure on hypnotherapy after gift card had been administered to winner of the Starbucks gift card drawing. Additionally, there were no personal and identifiable information gathered through this research assignment such as social security numbers or names. Afterwards, surveys were given to each individual participant. Informed consent forms were collected and placed into a manila folder titled "consent forms" and surveys were collected and placed into a manila folder titled "surveys". Both folders pertaining research data were secured for Statistical Package for the Social Sciences (SPSS) data input only. After research was completed, statistical data from findings were secured in the Whitney M. Young, Jr., School of Social Work for three years.

In further direction for research design, the directed hypotheses tested in this study were: "Participants in the School of Social Work are more aware of hypnotherapy

as an intervention than participants in the Schools of Arts and Sciences and Participants from the Schools of Business and Education are more biased of hypnotherapy serving as an alternative for psychotherapy than participants from the Schools of Social Work and Arts and Sciences.

Description of Site

The study took place on the campus of Clark Atlanta University (CAU), located at 223 James P. Brawley Dr. Southwest Atlanta, Georgia 30314. Survey participants, students, professors and/or administrators were in expected pre or post classroom session environment upon taking survey. Administrators conducted survey in expected environment such as an office space on campus if unavailable in a pre or post classroom setting. The significance for expected environment arrangement was to provide a safe space for surveyors to remain attentive when partaking in this study. If not situated in preferred setting, it was required for participants to take survey in a space where he/she is able to effectively complete survey.

Sample and Population

The methodology employed individual participants by recruiting 75 undergraduate students, 50 master students, 50 doctoral students, and 25 professors, and/or administrators, (N=200) of the sample population. The Institutional Review Board (IRB) at Clark Atlanta University (CAU) approved the collection of data from participants on its campus. All participants were randomly chosen, and were either undergraduate and/or graduate school affiliates of Clark Atlanta University (CAU).

Instrumentation and Measures

The researcher of this study designed eighteen quantitative questions for students, professors, and/or administrative affiliated with Clark Atlanta University (CAU) on the study entitled: *A Study of Hypnotherapy as an Effective and Wholistic Treatment Modality for Diverse Individuals, Tracing from an Ancient Epoch.*

The research questions in this study were introduced into binary subgroups: "Section I" consisting of four demographic questions and "Section II" including eighteen instrument questions. The questions for the first section, Section I, and their appointed variables were: My age group (AGEGP), My affiliation with Clark Atlanta University (AFFIL), Gender born as (GEND) and My School's Department (DEPART).

Questions for the second section, Section II and their employed variables were: I know the meaning of hypnotherapy (MEAN), I am aware that hypnotherapy can serve as an intervention used in therapy (AWARE), I am biased about the statement hypnotherapy can serve as an alternative for psychotherapy (BIAS), I am aware of the certificate of Hypnosis and Social Work (CERTIF), I believe that hypnotherapy is an effective treatment method in therapy (EFFECT), I believe that one can be treated with hypnotherapy (TREAT), I believe that hypnotherapy takes a natural approach to providing therapy (NATRL), The terminology wholistic means to merge mind, body, and spiritual (TERM), I believe that hypnotherapy is wholistic (WHOL), I believe that that more than fifty percent of those who study in the Clark Atlanta University (UNDER), I believe that more than fifty percent of Graduate Students in the Whitney M. Young, Jr., School of Social Work are bias of hypnotherapy as a treatment tool in therapy (GRAD), I believe that hypnotherapy is perceived as being a witch-craft or a

hocus pocus approach to therapy (WITCH), I believe that African Americans are less likely to utilize hypnotherapy for treatment (AFAME) and I believe that Caucasians are more likely to utilize hypnotherapy for treatment (CAUCA). Concurrently, outcomes were gathered and organized for insertion into the Statistical Package for the Social Sciences (SPSS) to be analyzed.

Treatment of Data

Raw data from this study was inserted in the Statistical Package for the Social Sciences (SPSS). The instrument used for data measurement in this study was frequency distribution. Descriptions and/or annotated outcomes were used to identify trends and the intensity of the problem in study.

The two page surveys consisting of 18 questions were measured based on the Likert Scale: 4 =Strongly Agree, 3 =Agree, 2= Disagree and 1 =Strongly Disagree. The questions were generalized based on the participant's knowledge and attitudes about the subject matter hypnotherapy.

Collectively, data was evaluated in order to test the hypotheses and research questions presented and proposed in the study.

Limitations

There were two identified limitations in this study. First, Clark Atlanta University (CAU) is a predominantly African America institution. As a result, this boundary limited the ability to collect data from a more diverse sampling group as it relates to ethnic. Secondly, this study was limited to only participants who were affiliated with Clark

Atlanta University (CAU); such boarder line did not allow for variety in this study's sample participants.

CHAPTER IV
PRESENTATION OF FINDINGS
Demographic Data

Table 1

Demographic profile of study participants (N=200)

Variable	Frequency	Percent
Age Group		
18-21	121	60.5
22-31	052	26.0
32-39	013	06.5
and older	014	07.0
Affiliation with Clark		
Atlanta University	145	72.1
Undergraduate	039	19.4
Master	007	03.5
PhD	004	02.0
Professor	000	
Administrator		
Gender Born As		
Male	058	28.9
Female	142	70.6
School's Department		
School of Arts and Sciences	100	49.8
School of Social Work	054	26.9
School of Business	038	18.9
School of Education	007	03.5

As indicated in table 1, the typical respondent of the study consisted of mainly individuals between the ages of 18-21. Majority of the respondents studied at the undergraduate level and then doubled, were female participants.

Table 2

I know the meaning of hypnotherapy (N=200)

Variable	Frequency	Percent
Strongly Disagree	040	20.1
Disagree	041	20.6
Agree	080	40.2
Strongly Agree	038	19.1
Total	199	100

Table 2 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), indicating their knowledge of the definition of hypnotherapy. Of the 200 participants, 20.1% strongly disagreed, 20.6% disagreed. They do not know the definition of hypnotherapy. However, 40.2% agreed and 19.1% percent strongly agreed that they know the meaning of hypnotherapy.

Table 3

I am aware that hypnotherapy is an intervention used in therapy (N=200)

Variable	Frequency	Percent
Strongly Disagree	039	19.5
Disagree	036	18.0
Agree	082	41.0
Strongly Agree	043	21.5
Total	199	100

Table 3 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), indicating their awareness of hypnotherapy being an intervention used in therapy. Of the 200 participants, 19.5% strongly disagreed, 18.0% disagreed. They were not aware that hypnotherapy is an intervention used in therapy. However, 41.0% agreed and 21.5% strongly agreed that they are aware of hypnotherapy being an intervention used in therapy.

Table 4

I am biased about the statement that hypnotherapy can serve as an alternative for psychotherapy (N=200)

Variable	Frequency	Percent
Strongly Disagree	048	24.4
Disagree	092	46.7
Agree	046	23.4
Strongly Agree	011	05.6
Total	197	100

Table 4 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), determining their prejudice towards statement that hypnotherapy can serve as an alternative for psychotherapy. Of the 200 participants, 24.4% strongly disagreed, 46.7% disagreed. They were not bias about the account that hypnotherapy can serve as an alternative for psychotherapy. However, 23.4% agreed and 5.6% percent strongly agreed that they were prejudice towards statement that hypnotherapy can serve as an alternative for psychotherapy.

Table 5

I am aware of the certificate of Hypnosis and Social Work (N=200)

Variable	Frequency	Percent
Strongly Disagree	068	34.2
Disagree	075	37.7
Agree	036	18.1
Strongly Agree	020	10.1
Total	199	100

Table 5 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), determining their awareness of the certificate of Hypnosis and Social Work. Of the 200 participants, 34.2% strongly disagreed, 37.7% disagreed. They were not aware of the certificate of Social Work and Hypnotherapy. However, 18.1% agreed and 10.1% percent strongly agreed that they were aware of the certificate of hypnotherapy and social work.

Table 6

I believe that hypnotherapy is an effective treatment method in therapy (N=200)

Variable	Frequency	Percent
Strongly Disagree	026	13.1
Disagree	072	36.2
Agree	089	44.7
Strongly Agree	012	06.0
Total	199	100

Table 6 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), indicating their belief that hypnotherapy is an effective treatment method in therapy. Of the 200

participants, 13.1% strongly disagreed, 36.2% disagreed. They do not believe that hypnotherapy is an effective treatment method in therapy. However, 44.7% agreed and 6.0% percent strongly agreed that they believe hypnotherapy is an effective treatment method in therapy.

Table 7

I believe that one can be treated with hypnotherapy (N=200)

Variable	Frequency	Percent
Strongly Disagree	023	12.6
Disagree	064	32.2
Agree	090	45.2
Strongly Agree	021	10.6
Total	199	100

Table 7 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), signifying their belief that one can be treated with hypnotherapy. Of the 200 participants, 12.6% strongly disagreed, 32.2% disagreed. They do not believe that one can be treated with hypnotherapy. However, 45.2% agreed and 10.6% percent strongly agreed that they believe one can be treated with hypnotherapy.

Table 8

I believe that hypnotherapy takes a natural approach to providing therapy (N=200)

Variable	Frequency	Percent
Strongly Disagree	024	12.1
Disagree	063	31.7
Agree	095	47.7
Strongly Agree	017	08.5
Total	199	100

Table 8 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), signifying their belief that hypnotherapy takes a natural approach to providing therapy. Of the 200 participants, 12.1% strongly disagreed, 31.7% disagreed. They do not believe that hypnotherapy takes a natural approach to providing therapy. However, 47.7% agreed and 8.5% percent strongly agreed that they believe hypnotherapy takes a natural approach to providing therapy.

Table 9

The terminology wholistic means to merge mind, body, and spiritual (N=200)

Variable	Frequency	Percent
Strongly Disagree	018	09.0
Disagree	031	15.6
Agree	088	44.2
Strongly Agree	062	31.2
Total	199	100

Table 9 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), suggesting their opinion about the terminology wholistic meaning to merge mind, body, and spiritual. Of the 200 participants, 9.0% strongly disagreed, 15.6% disagreed. They do not believe that the terminology wholistic means to merge mind, body, and spiritual. However, 44.2% agreed and 31.2% percent strongly agreed that they believe the terminology wholistic means to merge mind, body, and spiritual.

Table 10

I believe that hypnotherapy is wholistic (N=200)

Variable	Frequency	Percent
Strongly Disagree	026	13.1
Disagree	077	38.7
Agree	067	37.7
Strongly Agree	029	14.6
Total	199	100

Table 10 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), signifying their belief that hypnotherapy is wholistic. Of the 200 participants, 13.1% strongly disagreed, 38.7% disagreed. They do not believe that hypnotherapy is wholistic. However, 37.7% agreed and 14.6% percent strongly agreed that they believe hypnotherapy is wholistic.

Table 11

I believe that more than fifty percent of those who study in the Clark Atlanta University Undergraduate program are afraid to research the subject hypnotherapy. (N=200)

Variable	Frequency	Percent
Strongly Disagree	047	23.9
Disagree	088	44.7
Agree	052	26.4
Strongly Agree	010	05.1
Total	197	100

Table 11 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), indicating their belief that more than fifty percent of those who study in the Clark Atlanta University Undergraduate program are afraid to research the subject hypnotherapy. Of the 200

participants, 44.7% strongly disagreed, 26.4% disagreed. They do not believe that more than fifty percent of those who study in the Clark Atlanta University Undergraduate program are afraid to research the subject hypnotherapy. However, 26.4% agreed and 5.1% percent strongly agreed that more than fifty percent of those who study in the Clark Atlanta University Undergraduate program are afraid to research the subject hypnotherapy.

Table 12

I believe that more than fifty percent of Graduate Students in the Whitney M. Young, Jr., School of Social Work are bias of hypnotherapy as a treatment tool in therapy (N=200)

Variable	Frequency	Percent
Strongly Disagree	035	17.9
Disagree	101	52.6
Agree	047	24.0
Strongly Agree	011	05.6
Total	196	100

Table 12 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), signifying their belief that more than fifty percent of Graduate Students in the Whitney M. Young, Jr., School of Social Work are bias of hypnotherapy as a treatment tool in therapy. Of the 200 participants, 17.9% strongly disagreed, 52.6% disagreed. They do not believe that more than fifty percent of Graduate Students in the Whitney M. Young, Jr., School of Social Work are bias of hypnotherapy as a treatment tool in therapy. However, 24.0% agreed and 5.6% percent strongly agreed that more than fifty percent of Graduate Students in the Whitney M. Young, Jr., School of Social Work are bias of hypnotherapy

as a treatment tool in therapy.

Table 13

I believe that hypnotherapy is perceived as being a witch-craft or a hocus-pocus approach to therapy (N=200)

Variable	Frequency	Percent
Strongly Disagree	060	30.0
Disagree	064	32.0
Agree	059	29.5
Strongly Agree	017	08.5
Total	200	100

Table 13 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), signifying their belief that hypnotherapy is perceived as being a witch-craft or a hocus-pocus approach to therapy. Of the 200 participants, 30.0% strongly disagreed, 32.0% disagreed. They do not believe that hypnotherapy is perceived as being a witch-craft or a hocus-pocus approach to therapy. However, 29.5% agreed and 8.5% percent strongly agreed that hypnotherapy is perceived as being a witch-craft or a hocus-pocus approach to therapy.

Table 14

I believe that African Americans are less likely to utilize hypnotherapy for treatment (N=200)

Variable	Frequency	Percent
Strongly Disagree	025	12.6
Disagree	053	26.6
Agree	060	30.2
Strongly Agree	061	30.7
Total	199	100

Table 14 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), indicating their belief that African Americans are less likely to utilize hypnotherapy for treatment. Of the 200 participants, 12.6% strongly disagreed, 26.6% disagreed. They do not believe that African Americans are less likely to utilize hypnotherapy for treatment. However, 30.2% agreed and 30.7% percent strongly agreed that African Americans are less likely to utilize hypnotherapy for treatment.

Table 15

I believe that Caucasians are more likely to utilize hypnotherapy for treatment (N=200)

Variable	Frequency	Percent
Strongly Disagree	021	10.6
Disagree	042	21.1
Agree	073	36.7
Strongly Agree	063	31.7
Total	199	100

Table 15 is a frequency distribution of a total of 200 participants (students, professor, and/or administrators) at Clark Atlanta University (CAU), suggesting their belief that Caucasians are more likely to utilize hypnotherapy for treatment. Of the 200 participants, 10.6% strongly disagreed, 21.1% disagreed. They do not believe that that Caucasians are more likely to utilize hypnotherapy for treatment. However, 36.7% agreed and 31.7% strongly agreed that Caucasians are more likely to utilize hypnotherapy for treatment.

Testing of Research Questions and Hypotheses

Research Question

1. Are the School of Social Work students, professors and administrative more aware of hypnotherapy as an intervention than participants in the School of Arts and Sciences?

Hypothesis

1. Participants in the School of Social Work are more aware of hypnotherapy as an intervention than participants in the Schools of Arts and Sciences.

Results

Table 16

Cross-tabulation of the computed variable (AWARE) participants awareness of hypnotherapy as an intervention by the computed variable (SWART) School of Social Work participants vs. the School of Arts and Sciences (N=154)

		AWARE2	
		% of Arts/Sciences	% of Social Work
SWART	Disagree	40%	31.5%
	Agree	60%	68.5%
Total		100%	100%
P=.296, df=1			

As identified in Table 16, of the total 154 participants, 37 (68.5%) of the Social Work participants conveyed that they agree to being aware of hypnotherapy as an intervention and 17 (31.5%) disagreed. Of the 100 School of Arts and Sciences participants, 60 (60%) reported that they agree to being aware of hypnotherapy as an

intervention, and 40 (40%) disagreed. According to the Chi-square statistical test, “a statistical test of association between variables” (Weinbach, 2010, p. 169), there is no significant statistical difference between the two groups’ awareness of hypnotherapy as an intervention at the .05 level ($\chi^2 = 1.091$, $p=.296$).

Research Question

2. Are participants from the Schools of Business and Education more biased of hypnotherapy serving as an alternative for psychotherapy than participants from the schools of Social Work and Arts and Sciences?

Hypothesis

2. Participants from the Schools of Business and Education are more biased of hypnotherapy serving as an alternative for psychotherapy than participants from the Schools of Social Work and Arts and Sciences.

Results

Table 17

Cross-tabulation of the computed variable (BIAS) participants acuity of hypnotherapy serving as an alternative for psychotherapy by the computed variable (DEPART2) Schools of Business and Education participants vs. the Schools of Social Work and Arts and Sciences participants (N=196)

		BIAS	
		% of Social Work and Arts/Sciences	% of Business and Education
DEPART2	Disagree	68.4%	79.5%
	Agree	31.6%	20.5%

Total	100%	100%
-------	------	------

P=.152, df=1

As identified in Table 18, of the total 196 participants, 9 (20.5%) of the Schools of Business and Education participants reported that they agree to being bias of hypnotherapy as an alternative for psychotherapy, and 35 (79.5%) disagreed. Of the participants in the Schools of Social Work and Arts and Sciences, 48 (31.6%) reported that they agree to being bias of hypnotherapy serving as an alternative for psychotherapy, while 104 (68.4%) reported negatively. As displayed in Table 18, there is no significant statistical difference, based on the Chi-square statistical test between the two groups bias of hypnotherapy serving as an alternative for psychotherapy ($\chi^2 = 2.047$, $p=.152$).

CHAPTER V

DISCUSSION OF FINDINGS

The intent of this study was to analyze the perceptions of students, professors and administrators affiliated with the various school departments: School of Arts and Sciences, School of Social Work, School of Business and the School of Education at Clark Atlanta University (CAU). The study investigated participant's attitudes towards bias and awareness on the subject of hypnotherapy.

Summary of the Study

Overall, the study provide greater insight to the current awareness among students, professors and administrators and their perspectives according to their field of study, on their awareness of hypnotherapy as intervention and whether or not bias is associated with their decisions. The study's outcome indicated no statistically significant difference amongst the groups tested

According to the Chi-Square statistical test, the hypotheses outcomes indicated for hypothesis one that there is no statistically significant difference between the School of Social Work and the School of Arts and Sciences in conformity to their awareness of hypnotherapy as intervention. The Chi-Square additionally indicated for hypothesis two that there is no statistically significant difference between the Schools of Business and

Education and the Schools of Social Work and Arts and Sciences as it associate to bias of hypnotherapy serving as an alternative for psychotherapy.

Outcomes could have been influence due to the limitations of the study which only tested from a sample population. Therefore, a low participation count could have deviated testing efficacy on the subject matter.

Implications of Social Work

The study illuminates the significance of awareness in connection to knowledge-base interventions treatment modalities in the field of social work. Framed from a humanistic perspective with emphasis on attention to the whole (biopsychosocial), this study suggests practicing effective psychotherapy through the use of hypnosis and/or hypnotherapy.

Hypnotherapy like social work focuses on the well-being of individuals receiving therapy. Both professions, hypnotherapy and social work, are pledged to ethics, values and principles. Therefore, with the field of social work being lucrative, its ethics and practices often intertwines with many other clinical professions ethics and practices. More specific, social work ethics comprise of integrity, values, respect to well-being, competence, e.g. (National Association of Social Workers [NASW]), while hypnotherapy ethics and values parallels, including: integrity, the protection of individual health and well-being, competence, e.g. (National Council of Hypnotherapy [NCH]).

In this study, hypnotherapy is described as being a wholistic and naturalistic modality in psychotherapy. Based on Schiele's (2000) Afrocentric Paradigm

aforementioned in the study, the connotation: "Knowledge that stands the test of time is worth continuation", attests why my belief that the longevity of hypnotherapy as a healing tool (ancient), and/or treatment process (modern), for over decades supports the rationale for its efficacy in wholistic practice interwoven in the biopsychosocial perspective on treatment/healing (Schiele, 2000). Going noticed pertaining to the implication of knowledge-base, and being that social work is a growing practice, it is imperative to continue in the research of effective modalities.

As social workers, competence in the understanding of human behaviors and how individuals are influenced by the world around them (e.g. ecological environments) is one of the core values which play major role in how we perceive, practice, serve and advocate. Especially, now being that the field of social work, in the 21st Century is continuously a high demand, diversity in the field is even more prone, thus challenging us to employ and explore avenues which will allow us to be effective and flexible practitioners.

Notably, this study on hypnotherapy instates hypnotherapy to be one of many effective, wholistic and natural modalities that can be considered in the exploration of building knowledge-base and skills in effective and wholistic interventions, especially in correspondence to psycho-treatment. This study suggest that one's knowledge and/or perceptions on the subject matter hypnotherapy is significant to consider in order to voice to the efficacy of hypnotherapy as it continues to be advocated for and used as a treatment method for psychotherapy in clinical arenas and as a self-practiced healing tool among individuals world-wide.

APPENDICES

APPENDIX A

SURVEY QUESTIONNAIRE

A STUDY OF HYPNOTHERAPY AS AN EFFECTIVE, WHOLISTIC AND ALTERNATIVE TREATMENT MODALITY FOR DIVERSE INDIVIDUALS, TRACING FROM AN ANCIENT EPOCH

SECTION I: DEMOGRAPHIC INFORMATION

Please place mark(X) next to the appropriate answer that best refers to you. Choose only one for each statement.

1. My age group:

- 1) ____ 18-21 2) ____ 22-31 3) ____ 32-39 4) ____ 40 and older

2. My Affiliation with Clark Atlanta University:

- 1) ____ Undergraduate 2) ____ Master 3) ____ PhD 4) ____ Professor
5) ____ Administrator

3. Gender born as:

- 1) ____ Male 2) ____ Female

4. My School's Department:

- 1) ____ School of Arts and Sciences 2) ____ School of Social Work
3) ____ School of Business 4) ____ School of Education

APPENDIX A

(continued)

SECTION II: INSTRUMENT

How much do you agree with the following statements? Write the appropriate number (1-4) in the blank space in front of the each statement on the questionnaire. Please respond to all questions.

4= Strongly Agree 3=Agree 2=Disagree 1=Strongly Disagree

- ____ 1. I know the meaning of hypnotherapy.
- ____ 2. I am aware that hypnotherapy is an intervention used in therapy.
- ____ 3. I am bias about the statement that hypnotherapy can serve as an alternative for psychotherapy.
- ____ 4. I am aware of the certificate of Hypnosis and Social Work.
- ____ 5. I believe that hypnotherapy is an effective treatment method for therapy.
- ____ 6. I believe that one can be treated with hypnotherapy.
- ____ 7. I believe that hypnotherapy takes a natural approach to providing therapy.
- ____ 8. The terminology wholistic means to merge mind, body, and spiritual.
- ____ 9. I believe that hypnotherapy is wholistic.
- ____ 10. I believe that more than fifty percent of those who study in the Clark Atlanta University Undergraduate program are afraid to research the subject hypnotherapy.
- ____ 11. I believe that more than fifty percent of Graduate Students in the Whitney

APPENDIX A

(continued)

M. Young, Jr., School of Social Work are bias of hypnotherapy as a treatment tool in therapy.

____ 12. I believe that hypnotherapy is perceived as being a witch-craft or a hocus-pocus approach to therapy.

____ 13. I believe that African Americans are less likely to utilize hypnotherapy for treatment.

____ 14. I believe that Caucasians are more likely to utilize hypnotherapy for treatment.

APPENDIX B

SPSS PROGRAM ANALYSIS

TITLE 'A STUDY OF HYPNOTHERAPY WHOLISTIC AND ALTERNATIVE
TREATMENT'.

SUBTITLE 'STAR LOWE MSW PROGRAM'.

DATA LIST FIXED/

ID	1-3
AGEGP	4
AFFIL	5
GEND	6
DEPART	7
MEAN	8
AWARE	9
BIAS	10
CERTIF	11
EFFECT	12
TREAT	13
NATRL	14
TERM	15
WHOL	16
UNDER	17
GRAD	18
WITCH	19
AFAME	20
CAUCA	21.

VARIABLE LABELS

ID	'QUESTIONNAIRE NUMBER'
AGEGP	'Q1 My age group'
AFFIL	'Q2 My affiliation with Clark Atlanta University'
GEND	'Q3 Gender born as'
DEPART	'Q4 My School's Department'
MEAN	'Q5 I know the meaning of hypnotherapy'

APPENDIX B

(continued)

AWARE	'Q6 I am aware that hypnotherapy can serve as an intervention used in therapy'
BIAS	'Q7 I am biased about the statement hypnotherapy can serve as an alternative for psychotherapy'
CERTIF	'Q8 I am aware of the certificate of Hypnosis and Social Work'
EFFECT	'Q9 I believe that hypnotherapy is an effective treatment method in therapy'
TREAT	'Q10 I believe that one can be treated with hypnotherapy'
NATRL	'Q11 I believe that hypnotherapy takes a natural approach to providing therapy'
TERM	'Q12 The terminology wholistic means to merge mind, body, and spiritual'
WHOL	'Q13 I believe that hypnotherapy is wholistic'
UNDER	'Q14 I believe that that more than fifty percent of those who study in the Clark Atlanta University Undergraduate program are afraid to research the subject hypnotherapy'
GRAD	'Q15 I believe that more than fifty percent of Graduate Students in the Whitney M. Young, Jr., School of Social Work are bias of hypnotherapy as a treatment tool in therapy'
WITCH	'Q16 I believe that hypnotherapy is perceived as being a witch-craft or a hocus pocus approach to therapy'
AFAME	'Q17 I believe that African Americans are less likely to utilize hypnotherapy for treatment'
CAUCA	'Q18 I believe that Caucasians are more likely to utilize hypnotherapy for treatment'.

VALUE LABELS

AGEGP

- 1 '18-21'
- 2 '22-31'
- 3 '32-39'
- 4 '40 and older'/'

AFFILI

- 1 'Undergraduate'
- 2 'Master'
- 3 'PhD'
- 4 'Professor'
- 5 'Admin'/'

APPENDIX B

(continued)

GEND

- 1 'Male'
- 2 'Female'/'

DEPART

- 1 'School of Arts and Sciences'
- 2 'School of Social Work'
- 3 'School of Business'
- 4 'School of Education'/'

MEAN

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

AWARE

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

BIAS

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

CERTIF

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

EFFECT

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

TREAT

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

NATRL

APPENDIX B

(continued)

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

TERM

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

WHOL

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

UNDER

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

GRAD

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

WITCH

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

AFAME

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

CAUCA

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

APPENDIX B

(continued)

MISSING VALUES

ID	AGEGP	AFFIL	GEND	DEPART	MEAN	AWARE	BIAS
	CERTIF		EFFECT	TREAT		NATRL	TERM
WHOL		UNDER		GRAD	WITCH	AFAME	CAUCA (0).

BEGIN DATA

001111333002434220223
 00211232333222322233
 003422243343333422333
 004211133213334411311
 00511213322333333444
 00611213333333233324
 007112111111311121132
 008112132322333232222
 009112144414444311111
 010112143322233211143
 011112121231322233143
 012111132313332323223
 013111132232223322243
 01411111244321432144
 01511242232333322223
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 01711213323333322222
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 019112133333333333333
 020112344142431424321
 021112422223222232232
 022112412222213132243
 023111422222222222222
 024112311112222222214
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 027111333223322233244
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 029111223211132222333
 030112333322222322333
 031111111111114032113
 071111111111334421111

APPENDIX B

(continued)

03211131223223222211
033112111111721231113
034112134223344323223
03511212322333322241
036112133121233211344
037212333223344432333
038211144411141144444
039211344233333322344
040211144322243323444
04120112223232222232
042111113223332222133
043111111212222222334
044111334323334332134
045221333222234212222
046211311111111121123
047212133144444424144
048112133343433432432
049212134323233321113
050212111112223222333
051211141123333313334
052212144313334414444
053111132222323333223
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055112133233334322232
056212113413334432143
057112133112224233344
05811233323333332233
059101114122224311222
060111032123334222322
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063222222323224222214
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065222234344444444144
066322233212234323343
067222211113113212222
068112144133332232223
069112444213332442334
070112134212233414334

APPENDIX B

(continued)

072101142312233322444
0731121342333322344
07411112121333232233
075212123231122223343
076222233233234322144
077112111112334422334
078112323222223212222
07911233211232222444
080111333223334322123
081112322231143232344
082111111113313111111
083112311222223212223
084112111111111111111
085212333322332232333
086112333222223222333
08722232222223222222
0882121111321131111133
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090111334344433423223
091111133333334323222
092112334212234222444
093102123112224222343
094111133212333311134
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096111111113334322344
097111133224433211333
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099422222132211111111
100111322233322223232
101112132423333333333
102112111111111111111
103211133333333133111
104112111113334422132
105112144113433322344
106112144112234322413
107111211424424342144
108112122233333132323
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11011213323333322244

APPENDIX B

(continued)

113111321111221211212
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115112144343323242344
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117422244233334411144
118112133212230100333
11921232111111111111
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122112133123433211122
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134432244244444300122
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136322211111124111443
137222224222324222244
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139222233322233233342
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142112131111112233111
143112133232242222144
144111133213124333323
145111232223333323322
146112123323333333132
147111144213334112434
148112344312234413334
149112322242223212334
150212123232233222123

APPENDIX B

(continued)

151111323222323323223
152112333322223233444
153112132213333334143
154201132223323213122
155112111121211122222
156112333223333214124
15711213333222333322
158211121313321333223
159212144323323223244
160211132223332343333
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162112124333323222233
163212344114444422133
164112113113333311233
165112111211114211344
166112121223233211344
167312143123434212122
168112111222233233111
169112133323333222233
170112144243333322143
171112413223322212232
172112223223332222243
173112223223332233233
174222211111114242144
175222212112222322222
17622121111111111111
177322233333333333333
17822222312324323124
179321223122113112312
180222243212224222144
181432244444444432323
182432223220303300333
183432133023033322222
184431233343334233232
185222233223334422233
186112123233322222433
187211341113444341144
188322213221114144444
18911212222223232333

APPENDIX B

(continued)

190341232213334213323
 191422203311111113111
 192421233242331132441
 193222233323323322243
 194221212012224432244
 195442244243344433344
 196112241323214321421
 197222244214444422144
 19834214332333333233
 19922223332223333333
 20011121133333333144

END DATA.

FREQUENCIES

/VARIABLES ID AGE GP AFFIL GEND DEPART MEAN AWARE
 BIAS
 CERTIF EFFECT TREAT NATRL TERM
 WHOL UNDER GRAD WITCH AFAME CAUCA /STATISTICS=DEFAULT.

GET

FILE='F:\SPSS hypno Thesis\Data.sav'.

DATASET NAME DataSet1 WINDOW=FRONT.

*this is for descriptive analysis.

FREQUENCIES

/VARIABLES ID AGE GP AFFIL GEND DEPART MEAN AWARE
 BIAS
 CERTIF EFFECT TREAT NATRL TERM
 WHOL UNDER GRAD WITCH AFAME CAUCA /STATISTICS=DEFAULT.

*recoding dichotomous variable.

RECODE AWARE (0=SYSMIS) (1 thru 2=0) (3 thru 4=1) INTO AWARE2.

VARIABLE LABELS AWARE2 'dichotomous variable for awareness'.

value labels

aware2

0 'disagree'

APPENDIX B

(continued)

1 'agree'.
EXECUTE.

FREQUENCIES var aware2.

CROSSTABS
/TABLES=AWARE BY Aware2
/FORMAT=AVALUE TABLES
/CELLS=COUNT

/COUNT ROUND CELL.

*analysis for difference of perception between SW and ART.

RECODE depart (0=SYSMIS) (1= 0) (2=1) (3 thru 4=sysmis) INTO SWART.
VARIABLE LABELS swart 'art and sic and social work'.
value labels
swart
0 'art'
1 'sw'.
EXECUTE.

CROSSTABS
/TABLES=AWARE2 BY swart
/FORMAT=AVALUE TABLES
/STATISTICS=CHISQ PHI
/CELLS=COUNT column
/COUNT ROUND CELL.

*compare the bias between Busi and Edu vs. SW and Art.

RECODE depart (0=SYSMIS) (1 thru 2=0) (3 thru 4=1) INTO depart2.
VARIABLE LABELS depart2 'regroup sw &art vs bus & edu'.
value labels
depart2
0 'sw and art'
1 'busi and edu'.
EXECUTE.

APPENDIX B

(continued)

```
RECODE bias (0=SYSMIS) (1 thru 2=0) (3 thru 4=1) INTO bias2.  
VARIABLE LABELS bias2 'dichotomy of bias variable'.
```

```
value labels
```

```
bias2
```

```
0 'disagree'
```

```
1 'agree'.
```

```
EXECUTE.
```

```
FREQUENCIES var depart2 bias2.
```

```
CROSSTABS
```

```
  /TABLES=bias2 BY depart2
```

```
  /FORMAT=AVALUE TABLES
```

```
  /STATISTICS=CHISQ PHI
```

```
  /CELLS=COUNT column
```

```
  /COUNT ROUND CELL.
```

```
DATASET ACTIVATE DataSet1.
```

```
RECODE DEPART (1=0) (2=1) (0=SYSMIS) (3 thru 4=SYSMIS) INTO SWART.
```

```
VARIABLE LABELS SWART 'Social Work and Art &Sci'.
```

```
EXECUTE.
```

APPENDIX C

(continued)



CLARK ATLANTA UNIVERSITY
Institutional Review Board
Office of Sponsored Programs

August 19, 2012

Ms. Star Lowe <reachstar09@yahoo.com>
School of Social Work
Clark Atlanta University
Atlanta, GA 30314

RE: A Study Of Hypnotherapy As An Effective, Wholistic, and Alternative
Treatment Modality For Diverse Individuals, Tracing From An Ancient Epoch.

Principal Investigator(s): Star Lowe

Human Subjects Code Number: HR2012-8-448-1

Dear Ms. Lowe:

The Human Subjects Committee of the Institutional Review Board (IRB) has reviewed your protocol and approved of it as exempt in accordance with 45 CFR 46.101(b)(2).

Your Protocol Approval Code is HR2012-8-448-1/A

This permit will expire on August 19, 2013. Thereafter, continued approval is contingent upon the annual submission of a renewal form to this office.

The CAU IRB acknowledges your timely completion of the CITI IRB Training in Protection of Human Subjects - "Social and Behavioral Sciences Track". Your certification is valid for two years.

If you have any questions, please contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404) 880-6979 or Dr. Paul I. Musey, (404) 880-6829.

Sincerely:

Paul I. Musey, Ph.D.
Chair
IRB: Human Subjects Committee

cc. Office of Sponsored Programs, "Dr. Georgianna Bolden" <gbolden@cau.edu>

223 James P. Brawley Drive, S.W. • ATLANTA, GA 30314-4391 • (404) 880-8000

Formed in 1988 by consolidation of Atlanta University, 1863 and Clark College, 1869

APPENDIX D
INFORMED CONSENT FORM

A STUDY OF HYPNOTHERAPY AS AN EFFECTIVE, WHOLISTIC, AND
ALTERNATIVE TREATMENT MODALITY FOR DIVERSE
INDIVIDUALS, TRACING FROM AN ANCIENT EPOCH

INVITATION

As a staff/administrator and/or student participant at Clark Atlanta University (CAU), you are invited to participate in a research study focusing on the subject of hypnotherapy. This study is conducted by Star Lowe, a candidate of the Whitney M. Young Jr., School of Social Work. As a survey participant, I hope that you become aware or more aware of hypnotherapy as an alternative and wholistic intervention in treatment and in psychotherapy.

If you agree to participate in this study we ask that you:

1. Read this form and ask any questions you may have before agreeing to be in the study.
2. Carefully and fully complete the entire survey for the above topic.

RISKS, HARM AND BENEFITS

There are no risks to completing this survey. However, as a participant, I cannot guarantee you will receive any benefits from this research.

However, if a participant in one of the arranged survey classes for this study, you will be eligible to participate in a drawing to win 1 or 10 Starbucks gift cards, value \$5 each. Gift cards will be given to winner after survey(s) are completed and collected. You will also receive a brochure on hypnotherapy.

CONFIDENTIALITY

The records of this study will be kept private. Any report published will not include any information that will make it possible to identify a participant. The only other entity that the information will be released to will be the administration of Whitney M. Young Jr., School of Social Work, for the completion of my course.

You may ask any questions you have now. If you have questions later about the research, you may contact Star Lowe at star_lowe@yahoo.com or my advisor Dr. Joyce G. Gosby

APPENDIX D

(continued)

at 404.880.8529. If you have any additional questions related to the integrity of the research (the rights of research subjects or research-related injuries, where applicable), you are encouraged to contact Dr. Georgianna Bolden at the Office of Sponsored Programs 404.880.6979 or Dr. Paul I. Musey 404.880.6829 at Clark Atlanta University (CAU).

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

(Participant) Print Name

Date

(Participant) Signature

Date

Thank you for your time and cooperation.

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